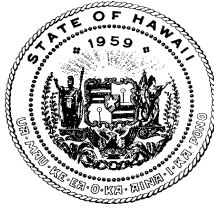


STATE OF HAWAII
DEPARTMENT OF HEALTH
CHILD AND ADOLESCENT MENTAL HEALTH DIVISION

**Questions and Answers Including
Addendum 2**

**Relating to the Request for Proposal (RFP)
HTH 460-06-01 For the Comprehensive
Behavioral Health Service for Children, Youth
and Families
Issued January 10, 2006**



January 10, 2006

**QUESTIONS AND ANSWERS
AND
ADDENDUM NO. 2**

To

**REQUEST FOR PROPOSALS
For Comprehensive Behavioral Health Services for Children, Youth and Families
RFP No. 460-06-01**

The Department of Health, Child and Adolescent Mental Health Division is issuing this addendum to RFP Number 460-06-01, Comprehensive Behavioral Health Services for Children, Youth and Families for the purposes of:

- ☒ Responding to questions that arose at the orientation meeting of December 21, 2005 and written questions subsequently submitted in accordance with Section 1-V, of the RFP.
- ☒ Amending the RFP.

The proposal submittal deadline:

- ☐ is amended to ____.
- ☒ is not amended.

Enclosed is (are):

- ☒ A summary of the questions raised and responses for purposes of clarification of the RFP requirements.
- ☒ Amendments to the RFP.

Should you have any questions, contact:

Craig Kodama
733-9338
cykodama@camhmis.health.state.hi.us
3627 Kilauea Avenue, Room 101
Honolulu, HI 96816

Questions and Answers

Introduction

The following relates to written questions and answers from bidders interested in responding to RFP No. HTH 460-06-01, Comprehensive Behavioral Health Services for Children, Youth and Families.

Question	Response
Will the Child and Adolescent Mental Health Division (CAMHD) be providing the necessary Functional Family Therapy (FFT) training? Who will be paying for the fees, training costs, etc.?	CAMHD will pay for and provide the necessary FFT training to contracted providers.
Does CAMHD have any idea how many clients per year will be serviced by FFT? Staffing ratio? Supervision structure? How would you recommend an agency complete an FFT budget with no client numbers?	CAMHD expects applicants to bring up one team per site consisting of 3 therapists including the supervisor. Each therapist can serve between 24-36 families per year.
If an agency is only interested in providing FFT or intensive in-home services, does the agency need a Medical Director?	No. A medical director for the purpose of providing FFT and intensive in-home intervention is not necessary.
On page 2-18, is it the intent of CAMHD to provide funding to certify clinicians in the FFT technique in order to provide the service? Will additional funding be available to certify additional clinicians in case of increased caseload or attrition subsequent to initial possible funding?	CAMHD will provide funding to certify sites in FFT model not clinicians. CAMHD would provide some ongoing support/training/oversight at least for the first few years of the program.
Does CAMHD have an expectation that a provider agency sub-contract with FFT, and provider agency to replicate the FFT model that is licensed or copyrighted?	CAMHD will pay for a statewide license to use FFT. Applicants awarded and contracted are expected to adhere to the FFT model and any applicable conditions of the State.
Page 2-43 states that we are required to develop and implement roles for Youth Specialist, Family Specialist, and Cultural Competency Specialists, what are the specifics regarding their roles? Are there additional details other than the information provided on page 2-39?	CAMHD expects applicants to define these new "specialists" roles in ways that assure that children's mental health system integrates with the Hawaii's Child and Adolescent Service System Program (CASSP) principals and evidence-based services.
<ul style="list-style-type: none"> Does CAMHD have minimum qualifications for the Cultural 	Many national mental health care consumer groups (National Alliance for

Question	Response
<p>Competency Specialist position?</p> <ul style="list-style-type: none"> Are the Youth and Family Specialists positions paid staff or volunteer? Also do they need to be a previous client or a family member of a past client of our agency? 	<p>the Mentally Ill, Federation for Families, etc.) have advocated that agencies providing mental health services incorporate consumer viewpoints in every level of the organization. Often this is through hiring or contracting with individuals who have been consumers and putting them into positions as consumer advocates.</p> <p>CAMHD contracts with Hawaii Families as Allies to provide "Parent Partners" to work in each of the family guidance centers and to provide members for our key committees, including the governing body of the division. Parent Partners provide direct support to family members, help parents advocate for themselves in meetings, and bring up issues in professional meetings that reflect the specific viewpoint of parents. This is one example of a "family specialist" role.</p>
<p>On the Rate Cost Summary Worksheet, does the agency complete columns A through J or only A?</p>	<p>Applicants bidding for services on the unit cost structure must complete columns A through J of the CAMHD Comprehensive Behavioral Health Services Rate and Cost Summary Worksheet.</p>
<p>In the RFP, it states "Recommend limiting the proposal page number to 36 ..." Does this mean that CAMHD is "recommending" not exceeding 36 pages but it is okay if an agency goes over as the word "recommend" does not mean "mandatory or required."?</p>	<p>Applicants providing only one level of care within Island of Oahu, Kauai County, Maui County, East Hawaii or West Hawaii must stay within the prescribed 36 page limit. Bidder will not be penalized if the number of pages exceed 36 pages.</p>
<p>In Addendum 1, it is emphasized that the applicant must not exceed the page limit of 36 if proposing for only one level of care. To keep within the page limit of 36, what is your recommendation on handling page limits, is it best to incorporate responses directly into the narrative section or can we reference our responses in the appropriate section and refer to an attachment? Will we be penalized/points deducted if we reference our response to an attachment?</p>	<p>The proposal response should be written clearly and thoroughly in response to sections 2, 3, and 4 of the RFP. References and other supportive information may be attached, and should clearly describe in the proposal application the name of the document, page or reference number, and relevancy to the required section. It is suggested that applicants use clearly mark indexes that describe the attached documents for ease of use.</p>

Question	Response
Please clarify the "36 page limit" further. If several contracts are applied for, is there any limit to the size of the scope of section portion per contract application?	If applicants plan to propose for more than one level of care within Island of Oahu, Kauai County, Maui County, East Hawaii or West Hawaii, the page limit is waived.
Will CAMHD pull out psychiatry from the Outpatient array and let us apply for the assessment and therapy only and have CAMHD contract for psychiatry separately?	No. CAMHD will increase rates for psychiatric evaluation and medication management to \$140.00 per hour.
Would it be possible to review the checklist to reflect all the changes and addenda made by Division during this ongoing process?	Changes to the required documents on the checklist is reflected in the written addendum.
Please clarify the organization of proposals. Is there a particular format and organization you prefer?	The application proposal format and organization or outline is specified in Attachment B entitled "Sample, Proposal Application, Table of Contents." At the beginning of the application proposal, include the proposal application checklist and proposal application identification form (Form SPO-H-200).
Please specify "evidence based." Do you mean for agencies to identify specific manualized models, or models with specified protocols (i.e. ARC model) or, the CAMHD grid of "best practices" for specific diagnoses?	We would like the evidence based services identified in the Fall 2004 Report found at http://www.hawaii.gov/health/mental-health/camhd/library/webs/ebs/ebs-index.html and in the "Blue Menu" on that page to be specifically addressed in the proposal. The Fall 2004 report gives the specifics and qualifiers for the evidence based treatments and more clearly specifies conditions and populations in which the treatments were used. If proposals include other treatment approaches than those identified, applicants should include what research has been done to support use with the population.
What are the rates for costs reimbursement contracts? Is there a maximum rate? Is it open bidding?	The bidding amount is open. For cost reimbursement services, the applicant must proposal a budget in accordance with the cost principles for the required services. If awarded, the State will negotiate on the maximum allowable schedule.
Do you require submittals of resumes for all direct service staff? Or just resumes of those key positions listed on page 3-6 and 3-7?	Applicants must submit resumes for corporate officers and key personnel directly related to the required service as described in pages 3-6 and 3-7.

Question	Response
<p>Page 3-2, Under Experience, the RFP states that "the applicant shall provide information about key clinical and administrative personnel's experience in providing similar services to those proposed. The applicant shall include points of contact, including email and telephone numbers, for those individuals." Please clarify as to what the Department wants in terms of Key Clinical Personnel's experience, is the department referring to our staff's experience related to the proposed services, or is the department referring to past experience from a contract standpoint. Also, please clarify as to whose contact information shall be included in the proposal.</p>	<p>Provide experience as a contractor similar to the proposed services. The executive management, chief operation officer, chief financial officer, program director, qualified mental health professional supervising the program(s), and mental health professionals are examples.</p>
<p>Page 2-25 states CAMHD offers a 10% rate adjustment for this service for intensive in Home Intervention for rural areas. What areas are considered rural for Oahu? Please identify rural areas for each island.</p>	<p>As described in the RFP, CAMHD defines rural service areas as Ka`u (Hawaii), Kohala/Waimea (Hawaii), Hana (Maui), Molokai, and Lanai. There are no rural areas identified for Oahu. A separate contract will be awarded for the defined rural areas.</p>
<p>Page 3-10 states that we "must submit a completed Unit Rate and Cost Summary Worksheet for each fiscal year as part of the applicant's cost proposal." Do we submit the unit rate and cost summary worksheet for the initial contract term (the first year) or submit worksheets for the possible maximum length of the contract (up to six years)?</p>	<p>Complete the Rate and Cost Summary Worksheet for fiscal year 2007 (July 1, 2006 through June 30, 2007). Contract renewal in subsequent years is subject to satisfactory performance review and availability of funds. CAMHD may ask for Rate and Cost Summary Worksheet in subsequent years.</p>
<p>Community-Based Crisis Group Home:</p> <ol style="list-style-type: none"> 1. This service is offered for youth between 12 and 18 years of age (IPSPG – page 59). Where are the younger ones going for stabilization? According to the RFP, there is no Crisis Therapeutic Foster Home in Kona and Hilo (see page 2-24). 2. Can this home be the same as the Therapeutic Group Home? 	<ol style="list-style-type: none"> 1. CAMHD doesn't expect to place children under 12 in this type of setting. 2. The Community-Based Crisis Group Home is separate from the Therapeutic Group Home and cannot be combined.
<p>Crisis Mobile Outreach:</p> <ol style="list-style-type: none"> 1. Is there a separate on-call rate? If so, will it be one per contract or more depending on rural areas? (For example, for Maui, applying for 	<ol style="list-style-type: none"> 1. No. On page 2-57 of the RFP, it states that the "unit rate is inclusive of all cost items whether they are direct or indirect when providing a services." The

Question	Response
<p>Hana, Lanai, Molokai, and Central Maui, would require 4 on-call positions, not just 1).</p> <p>2. Do we need to submit 2 separate proposals for East and West Hawaii, or can we submit one proposal for both sites?</p>	<p>unit rate for Crisis Mobile Outreach service on Maui includes Hana, Lanai, Molokai, and Central Maui.</p> <p>2. Submit one proposal for East Hawaii and one proposal for West Hawaii. Submitting one proposal for both East and West Hawaii is not allowed.</p>
<p>Community-Based Crisis Group Home and Respite Home: For the County of Hawaii, is it allowable to have one group home that serves both geographic locations (1 home for both East and West Hawaii)? This group home will be centrally located.</p>	<p>Combining Community-Based Crisis Group Home and Respite Home services into one site is not allowed. CAMHD will award one contract for East Hawaii and another for West Hawaii.</p>
<p>Regarding page 2-27, will contract awards be based on the geographic coverage areas listed here? For example, 10 TGH beds are allocated to Maui County. Does that mean that only ten beds will be awarded to Maui County providers?</p>	<p>Contract awards will be based on applicant proposals response to the evaluation criteria published in the RFP. Awards would be made to single or multiple providers to meet the projected capacity within each county.</p>
<p>Regarding pages 3-10 and 3-11, the State Procurement Office (SPO) forms are not listed as required under section 1. Unit of Service and Unit Rate Cost; they are listed as required under section 2. This is confusing. Please clarify if required for section 1.</p>	<p>The SPO budget and justification forms for unit cost services aren't required under Subsection V.A.1. "Unit of Service and Unit Rate Cost." For services under the cost reimbursement structure, SPO-H-205 and SPO-H-206A through SPO-H-206I forms are required.</p>
<p>At the Request for Information (RFI) meeting, it was mentioned that providers have the option of submitting a statewide proposal, or just a proposal for their geographic location. I am unable to locate information about this item in the RFP; can you provide a reference or page number? In addition, please clarify if you anticipate residential providers to submit for statewide referrals or local referrals only?</p>	<p>Information of geographic coverage of service and contract arrangement is found in the RFP starting from page 2-24 through 2-32. Statewide services are described in the geographic coverage of service section. For certain residential services described in the RFP, contractors must be able to accept statewide referral. The following service level must accept statewide referral: Community-Based Residential Level III and Therapeutic Group Home.</p>
<p>Relating to the Interagency Performance Standards and Practice Guidelines, of residential services, in the clinical exclusions sections the issue of mental retardation and developmental disability is not mentioned. Does this mean that we will be expected to accept mentally retarded and developmentally disabled youth into our residential programs?</p>	<p>See description of the population to be served for youth eligible for the Educationally Supportive Intensive Mental Health services and SEBD programs on page 2-22 and special populations on page 2-23.</p>

Question	Response
<p>Relating to the Interagency Performance Standards and Practice Guidelines, for Intensive Outpatient Co-Occurring Substance Abuse Treatment are urine drug screens sufficient to meet the requirement for "routine and random urine analysis"? Under staffing requirements, is it expected that a Qualified Mental Health Professional (QMHP) be on site during all program operation hours?</p>	<p>Yes, but depends on whether they are offered routinely as well as randomly. Regarding the question that "a QMHP be on site during all program operation hours," no, a professional addiction clinician (CSAC) is on-site during all program hours and supervised by a QMHP.</p>
<p>How many proposals are we supposed to submit?</p> <p>One for each geographic area regardless of how many services we are proposing to provide and even if some of the services accept referrals statewide?</p>	<p>CAMHD expects one proposal regardless of the number of service levels in accordance with the arrangement described in Addendum 1 and also in Exhibit B of this addendum. Addendum 1 states the following.</p> <p>"For services on the Island of Oahu (including Honolulu District, Leeward Oahu District, Windward District, and Central Oahu District) submit one proposal.</p> <p>For Kauai County, submit one proposal.</p> <p>For Maui County (including Hana, Central Maui, Lahaina, Molokai and Lanai), submit one proposal.</p> <p>For Hawaii County, submit one proposal for East Hawaii and a separate proposal for West Hawaii."</p> <p>For certain residential services described in the RFP, contractors must be able to accept statewide referral. The following service level must accept statewide referral: Community-Based Residential Level III and Therapeutic Group Home.</p>
<p>On page 2-9, does the unit rate for Crisis Mobile Outreach include drive time or only face-to-face contact?</p>	<p>The rate is inclusive of all direct and indirect costs that would include drive time and face-to-face contact.</p>
<p>RFP</p> <p>If availability for crisis therapeutic foster home is to be assured, will CAMHD pay for the space whether it is occupied or not?</p> <p>Allocation of crisis therapeutic foster home bed space for Maui is only one bed. What is the intent when there is more than one youth requiring care? If we are allocated only one bed, what</p>	<p>Yes.</p> <p>Crisis Therapeutic Foster Home bed will be on a cost reimbursement structure. If more than one youth is in need of crisis bed, the CAMHD may need to explore other open beds on the unit cost</p>

Question	Response
<p>is the intent in assuring availability?</p> <p>Can the crisis therapeutic foster bed be co-located with other emergency shelter beds?</p> <p>Additionally, there is no provision for a crisis group home or respite home for Maui, is there a reason for this?</p>	<p>structure.</p> <p>There should be respite homes for Kauai and Maui paid for on the cost reimbursement structure.</p> <p>We are adding Crisis Group Home and Respite Home for the island of Maui and Kauai.</p>
<p>On page 2-29, why multiple contracts for Support for Emotional and Behavioral Development (SEBD) Assessment and Outpatient Services?</p>	<p>The need for assessment and outpatient services may arise from time to time, but the need can not be anticipated accurately on a monthly or annual basis. Having multiple contractors for these services would minimize delay, minimize clinical problems from worsening, and increase client choice.</p>
<p>Relating to pages 2-44, 45, 46, 47 of the RFP.</p> <p>Is it your desire to have actual procedures attached for each of these items or just a policy statement and reference to written procedure in place?</p>	<p>Applicants must submit in their proposal applicable policies and procedures in the RFP and not just a policy statement.</p>
<p>In the sample table of contents listed in Attachment B and VII.D., performance and output measurement tables A, B, and C doesn't correspond to anything mentioned in the RFP. Are these tables required in the submittal of the application proposal?</p>	<p>The proposal application table of contents found in Section 5, Attachment B and subsection VII.D. where it describes performance and output measurement tables A, B, and C is only a sample. It primarily illustrates format and organization of the application proposals.</p>

Amendments

Introduction

The following amendments apply to RFP No. 460-06-01, Comprehensive Behavioral Health Services for Children, Youth and Families.

Section	Subsection	Page	Amended Language
2	I.D.2.	2-25 through 2-26	For Intensive In-Home Intervention services, the number of contract per geographic coverage area has been changed from 1 contract to multiple contracts in the following regions: Central Oahu District; Honolulu District; Leeward Oahu District; Windward District; East Hawaii; West Hawaii; Central Maui; Lahaina, Molokai and Lanai; and County of Kauai.
2	I.D.2.b.	2-27	The level of care name "Foster Homes with Therapeutic Services" is deleted and replace with "Therapeutic Foster Home."
2	I.D.2.	2-27 through 2-28	Contractors are required to accept statewide referral for Community-Based Residential Level III, Therapeutic Group Home, Therapeutic Foster Home, Independent Living Programs 16-18, Independent Living Programs 18-21, Community Mental Health Shelter
5	Attachment A.		The revised Proposal Application Checklist must be completed and submitted with the proposal application. The revised Proposal Application Checklist is attached as Exhibit A and made part of this addendum.
4	III.A.	4-2	Adding to the Administrative Requirements on page 4-2, applicants must complete and submit CAMHD Geographic Coverage of Service Form for each proposal application. A copy of the form with instructions is attached and made a part of this addendum as Exhibit B.
2	I.D.1.	2-24	For Community-Based Crisis Group Home,

Section	Subsection	Page	Amended Language
			add Maui and Kauai to the geographic coverage of service area.
2	I.D.2.d.	2-27	For Respite Homes, delete parentheses that states "for Oahu and Hawaii only" and add Maui and Kauai to the geographic coverage of service area.

Revised Proposal Application Checklist (January 10, 2006)
Exhibit A

Applicant: _____

RFP No.: _____

The applicant's proposal must contain the following components in the order shown below. This checklist must be signed, dated and returned to the state purchasing agency as part of the Proposal Application. *SPO-H forms are located on the web at <http://www.spo.hawaii.gov> Click *Procurement of Health and Human Services* and *For Private Providers*.*

Item	Reference in RFP	Format/Instructions Provided	Required by Purchasing Agency	Completed by Applicant
General:				
Proposal Application Identification Form (SPO-H-200)	Section 1, RFP	SPO Website*	X	
Proposal Application Checklist	Section 5, RFP	Revised form	X	
Table of Contents	Section 5, RFP	Attachment B	X	
Proposal Application (SPO-H-200A)	Section 3, RFP	SPO Website*	X	
Registration Form (SPO-H-100A)	Section 1, RFP	SPO Website*	(Required if not Registered)	
Tax Clearance Certificate (Form A-6)	Section 1, RFP	Dept. of Taxation Website (Link on SPO website)*	X	
Cost Principles	Section 1, RFP			
Cost Proposal for services using the Cost Reimbursement Pricing Method shall complete the following SPO forms.			X	
SPO-H-205	Section 3, RFP	SPO Website*	X	
SPO-H-205A	Section 3, RFP	SPO Website* Special Instructions is applicable, Section 5	X	
SPO-H-205B	Section 3, RFP,	SPO Website* Special Instructions, Section 5	X	
SPO-H-206A	Section 3, RFP	SPO Website*	X	
SPO-H-206B	Section 3, RFP	SPO Website*	X	
SPO-H-206C	Section 3, RFP	SPO Website*	X	
SPO-H-206D	Section 3, RFP	SPO Website*	X	
SPO-H-206E	Section 3, RFP	SPO Website*	X	
SPO-H-206F	Section 3, RFP	SPO Website*	X	
SPO-H-206G	Section 3, RFP	SPO Website*	X	
SPO-H-206H	Section 3, RFP	SPO Website*	X	
SPO-H-206I	Section 3, RFP	SPO Website*	X	
SPO-H-206J	Section 3, RFP	SPO Website*	X	
Rate and Cost Summary Worksheet (only for services on the Unit Cost structure)	Section 5, RFP	Attachment P	X	
Certifications:				
Federal Certifications				
Debarment & Suspension		Attachment E	X	
Drug Free Workplace		Attachment E	X	
Lobbying		Attachment E	X	
Program Fraud Civil Remedies Act		Attachment E	X	
Environmental Tobacco Smoke		Attachment E	X	
Program Specific Requirements:				
Policies and procedures	Section 2, RFP	Page 2-44 - 2-47	X	

 Authorized Signature

 Date

Organization Name: _____

Exhibit B. CAMHD Geographic Coverage of Service Form

Instructions: This form must be completed and submitted in its entirety along with the applicant's proposal application. In accordance with Section 2 and subsection I.D. Geographic Coverage of Service, please indicate which service level(s) by geographic coverage area(s) are contained in the application proposal by placing an "X" in the appropriate box.

Proposal Arrangement: Applicants must submit one proposal each within the following geographic areas.

- For services on the Island of Oahu (including Honolulu District, Leeward Oahu District, Windward District, and Central Oahu District) submit one proposal.
 - For Kauai County, submit one proposal.
 - For Maui County (including Hana, Central Maui, Lahaina, Molokai and Lanai), submit one proposal.
 - For Hawaii County, submit one proposal for East Hawaii and a separate proposal for West Hawaii.
- For Statewide services, proposal application may be submitted together with the proposal arrangement for island or county proposal. If an applicant is only proposing for Statewide services, this would require a standalone proposal. If Statewide services are part of a continuum, the statewide proposal may be a part of the application for any one of the geographic region.

Table A. Relates to Emergency Public Mental Health

Table B. Relates to Education Supportive Intensive Mental Health Services

Table C. Relates to Support for Emotional and Behavioral Development Services

Table A. Emergency Public Mental Health Services

Level of Care\Geographic Region	Island of Oahu	East Hawaii	West Hawaii	Maui County	Kauai County
Crisis Mobile Outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crisis Therapeutic Foster Home				<input type="checkbox"/>	<input type="checkbox"/>
Community-Based Crisis Group Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Organization Name: _____

Table B. Educationally Supportive Intensive Mental Health Services

Geographic Region ↑	Island of Oahu					East Hawaii	West Hawaii	Maui County			Kauai County
	Island of Oahu	Central Oahu District	Honolulu District	Leeward District	Windward District	East Hawaii	West Hawaii	Maui County	Lahaina, Molokai, Lanai	Central Maui	Kauai County
Level of Care											
Psychosexual Assessments						Statewide <input type="checkbox"/>					
Intensive In-Home Intervention		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respite Therapeutic Foster Home								<input type="checkbox"/>			<input type="checkbox"/>
Respite Homes	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Community Mental Health Shelter						Statewide <input type="checkbox"/>					
Therapeutic Foster Home	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Therapeutic Group Homes	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Independent Living Programs 16-18						Statewide <input type="checkbox"/>					
Independent Living Programs 18-21						Statewide <input type="checkbox"/>					
Community-Based Residential Level III	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Community-Based Residential Level II						Statewide <input type="checkbox"/>					
Community-Based Residential Level I						Statewide <input type="checkbox"/>					
Hospital-Based Residential						Statewide <input type="checkbox"/>					

Organization Name: _____

Table C. Support for Emotional and Behavioral Development Program Services

Geographic Region ↑	Island of Oahu					East Hawaii	West Hawaii	Maui County					Kauai County
	Island of Oahu	Central Oahu District	Leeward District	Honolulu District	Windward District	East Hawaii	West Hawaii	Maui County	Hana	Central Maui	Molokai	Lanai	Kauai County
Level of Care													
Assessment and Outpatient Svc	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>
Partial Hospitalization	<input type="checkbox"/>							<input type="checkbox"/>					
Peer Support	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parenting Skills Training	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Functional Family Therapy	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
Intensive Outpatient Svc, ILS		A <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
Intensive Outpatient Treatment for Co-occurring Substance Abuse				B <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
Community-Based Clinical Detox						Statewide <input type="checkbox"/>							
Acute Psychiatric Hospitalization						Statewide <input type="checkbox"/>							
Community Hosp. Crisis Stab. Svc.						Statewide <input type="checkbox"/>							

A = Leeward and Central Districts are combined into one contract

B = Honolulu and Windward Districts are combined into one contract